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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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| | |
|------------------------|--------------|
| Application Number | 09/ 577, 434 |
| Filing Date | 05/22/2000 |
| First Named Inventor | Ja .son May |
| Art Unit | 3624 |
| Examiner Name | C. Kyle |
| Attorney Docket Number | 03801.P029 |

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 08791

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

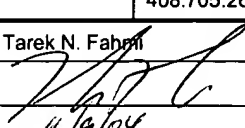
Discontinuation of the attorney/client relationship.

CORRESPONDENCE ADDRESS

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| | | | | | |
|---|---|-------|----|------------------|--------------|
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NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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